

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 05/15/2025
Form Approved OMB
No. 0938-0391

| | | | |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395542 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 06/28/2024 |
| NAME OF PROVIDER OR SUPPLIER Mountain Top Rehabilitation & Healthcare Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 185 South Mountain Boulevard Mountain Top, PA 18707 | |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) | | |
| F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few | <p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48277</p> <p>Based on review of clinical records and staff interview, it was determined that the facility failed to timely consult with the physician regarding a significant weight gain displayed by one resident out of 20 sampled (Resident 55).</p> <p>Findings include:</p> <p>A review of facility policy titled Nutrition (Impaired)/Unplanned Weight Loss-Clinical Protocol last reviewed by the facility June 12, 2024, revealed that the staff will report to the physician significant weight gains or losses or any abrupt or persistent change from baseline appetite or food intake.</p> <p>A review of facility policy titled Weight Assessment and Intervention last reviewed by the facility June 12, 2024, revealed that any weight change of 5% or more since the last weight assessment is retaken the next day for confirmation.</p> <p>A review of the clinical record revealed that Resident 55 was admitted into the facility on [DATE], with diagnoses to include acute systolic congestive heart failure (weakness of the heart that leads to build-up of fluid in the lungs and surrounding body tissues) and the presence of a cardiac pacemaker (device implanted in our body to deliver electrical impulses to your heart to help your heartbeat at a normal rate and rhythm).</p> <p>A review of the resident's weight record revealed that the resident weighed 127 pounds on May 29, 2024. On May 30, 2024, it was noted the resident weighed 135.8 pounds. The resident had an 8.8-pound weight gain in one day, which was a 6.48% weight gain. No re-weight was retaken the next day as per policy.</p> <p>Review of a nutrition note dated May 31, 2024, at 10:17 AM the dietitian indicated that the resident's weights were reviewed with weight fluctuations noted. MD made aware of the daily weights on 5/29/24. Notify MD if 5-pound weight gain in 7 days is noted. Will continue to monitor for significant change.</p> <p>However, there was no documented evidence that the physician was notified of the resident's significant weight gain recorded on May 30, 2024. There was no documented evidence that a re-weight was retaken the next day as per policy to confirm the significant weight change.</p> <p>(continued on next page)</p> | | |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 05/15/2025
Form Approved OMB
No. 0938-0391

| | | | |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395542 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 06/28/2024 |
| NAME OF PROVIDER OR SUPPLIER Mountain Top Rehabilitation & Healthcare Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 185 South Mountain Boulevard Mountain Top, PA 18707 | |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) | | |
| F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few | Interview with the facility Dietitian on June 26, 2024, at 1:55 PM confirmed that the facility failed to timely notify the physician of the resident's significant weight gain recorded on May 30, 2024. 28 Pa Code 211.12 (d)(3)(5) Nursing services | | |

| | | | |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395542 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 06/28/2024 |
| NAME OF PROVIDER OR SUPPLIER Mountain Top Rehabilitation & Healthcare Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 185 South Mountain Boulevard Mountain Top, PA 18707 | |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) | | |
| F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some | <p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48277</p> <p>Based on observation, clinical record review and staff interview, it was determined that the facility failed to develop and implement a person-centered comprehensive care plan to meet the needs of three out of 20 residents sampled (Residents 53, 55 and 64)</p> <p>Findings including:</p> <p>Clinical record review revealed that Resident 53 was admitted to the facility on [DATE], with diagnoses to include congestive heart failure (weakness of the heart that leads to build-up of fluid in the lungs and surrounding body tissues), chronic atrial fibrillation (an irregular heartbeat), implantable cardiac pacemaker (device implanted in our body to deliver electrical impulses to your heart to help your heartbeat at a normal rate and rhythm), peripheral vascular disease (a circulatory condition in which narrowed blood vessels reduce blood flow to the limbs), and an open wound on the left ankle.</p> <p>An Admission/Readmission V2 form dated May 4, 2024, Section J: Cardiovascular Evaluation: Devices, indicated that a pacemaker was present upon the resident's readmission to the facility.</p> <p>Review of Resident 53's Wound Assessment Report dated June 26, 2024, revealed the resident was receiving wound treatment for the following wounds: a left ankle arterial wound, a left medial foot arterial wound, and a right shin venous wound.</p> <p>The resident's current plan of care, in effect at the time of the survey ending June 28, 2024, failed to include any reference to the presence of, or the care for, the resident's implantable pacemaker. The care plan also failed to identify the resident's multiple arterial and venous bilateral lower extremity wounds and treatment.</p> <p>Clinical record review revealed that Resident 55 was admitted to the facility on [DATE], with diagnoses to include acute systolic congestive heart failure, and the presence of a cardiac pacemaker.</p> <p>An Admission/Readmission Evaluation V2 form dated January 19, 2024, Section I: Cardiovascular, indicated that a pacemaker was present upon the resident's admission to the facility.</p> <p>A review of the resident's current plan of care, in effect at the time of the survey, identified the Resident 55 had an impaired cardiovascular status due to atherosclerotic heart disease, hypertension, and heart valve replacement. The facility failed to identify the presence of, or the care for, the resident's implantable cardiac pacemaker on the resident's current plan of care.</p> <p>Clinical record review revealed Resident 64 was admitted to the facility on [DATE], with diagnosis to include history of venous thrombosis and embolism (blood clots in the deep veins).</p> <p>Resident 64's clinical record revealed a physician's order dated November 23, 2023, for TED (Thrombo-Embolic Deterrent - anti; on in the AM, off at HS (hours of sleep) every day and evening shift for edema.</p> <p>(continued on next page)</p> | | |

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 05/15/2025
Form Approved OMB
No. 0938-0391

| | | | |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395542 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 06/28/2024 |
| NAME OF PROVIDER OR SUPPLIER Mountain Top Rehabilitation & Healthcare Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 185 South Mountain Boulevard Mountain Top, PA 18707 | |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) | | |
| F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some | A review of the resident's current plan of care, in effect at the time of the survey, revealed that the resident's care plan failed to identify the resident's daily use of TED compression stockings. Interview with the Director of Nursing on June 26, 2024, at approximately 2:15 PM confirmed the facility failed to ensure that comprehensive care plans were developed in manner to meet the resident's medical and treatment needs. 28 Pa. Code 211.12 (d)(5) Nursing services | | |

| | | | |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395542 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 06/28/2024 |
| NAME OF PROVIDER OR SUPPLIER Mountain Top Rehabilitation & Healthcare Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 185 South Mountain Boulevard Mountain Top, PA 18707 | |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) | | |
| <p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>39235</p> <p>Based on observation, review of clinical records, and resident and staff interview it was determined that the facility failed to provide services consistent with professional standards of practice by failing to follow physician orders for bowel protocol for one resident (Resident 75) to promote normal bowel activity to the extent practicable and failed to follow physician orders for the consistent application of a prescribed therapeutic measure, compression stockings, for one resident of 20 sampled (Resident 64).</p> <p>Findings include:</p> <p>According to the American Academy of Family Physicians {The American Academy of Family Physicians is one of the largest medical organizations in the US founded to promote the science and art of family medicine} the primary goal of constipation management should be symptom improvement, and the secondary goal should be the passage of soft, formed stool without straining at least three times per week).</p> <p>A review of the clinical record revealed that Resident 75 had physician orders, initially dated March 8, 2021, for the following bowel regimen:</p> <p>- Milk of Magnesia (MOM) Suspension 400 mg/5 ml (Magnesium Hydroxide), give 30 ml by mouth as needed for constipation if no BM in 3 days. Give MOM 30 cc on 3-11 shift during 1st med pass.</p> <p>-Dulcolax Suppository (Bisacodyl), inset 1 suppository rectally as needed for constipation if no BM by morning of 4th day. Give 1 suppository on last rounds 11-7 shift.</p> <p>-Fleet Enema 7-19 gm/118 ml (Sodium Phosphates), insert 1 applicatorful rectally as needed for constipation if suppository ineffective on day 4, and no BM, give fleet enema on 7-3 shift on day 4. If ineffective notify MD.</p> <p>Resident 75's clinical record contained a nursing note dated March 13, 2024, 1407 hours (2:07 PM) indicating that the resident had no bowel movement (BM) for 6 days. The resident's abdomen was firm, non-distended with hypoactive bowel sounds, no pain. MD, RP aware. A new physician order was noted to obtain Kidney-Ureter-Bladder (KUB) study.</p> <p>Nursing documentation dated March 13, 2024, 2020 hours (8:20 PM) revealed that resident had large BM this shift.</p> <p>Review of Resident 75's Documentation Survey Report v2 for March 2024 revealed staff documented n, and also multiple blank entries regarding the resident's bowel activity. Interview with Employee 1, ADON, on June 27, 2024, at approximately 8:30 AM, confirmed that the blanks indicated the task had not been completed or that staff failed to document; and that n indicates no bowel movement occurred.</p> <p>The Documentation Survey Report v2 for March 2024, revealed that Resident 75 did not have a bowel movement on March 8, 9, 10, 11, 12, 2024.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395542 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 06/28/2024 |
| NAME OF PROVIDER OR SUPPLIER Mountain Top Rehabilitation & Healthcare Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 185 South Mountain Boulevard Mountain Top, PA 18707 | |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) | | |
| <p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Review of Resident's Medication Administration Record (MAR) for March 2024, revealed no documented evidence that nursing administered the prescribed bowel protocol during the time period without a bowel movement to promote bowel activity.</p> <p>During an interview with the Director of Nursing (DON) on June 27, 2024, at approximately 9:50 AM, the DON was unable to provide evidence that physician ordered bowel protocol was followed for Resident 75 during the period without bowel activity stated above, nor evidence of timely physician notification.</p> <p>A review of Resident 64's clinical record revealed a physician's order dated November 23, 2023, for the application of TED (Thrombo-Embolism Deterrent - anti-embolism stockings for the legs to help prevent blood clots) to RLE (right lower extremity); on in the AM, off at HS (hours of sleep) every day and evening shift for edema.</p> <p>Observation of Resident 64 in her room on June 25, 2024, at 11:30 AM and 2:30 PM, June 26, 2024, at 10:22 AM, and June 27, 2024, at 12:35 PM revealed that the resident was not wearing a TED stocking on her RLE as ordered at the time of each observation.</p> <p>Interview with Employee 2 (registered nurse) on June 27, 2024, at 12:35 PM, verified that Resident 64 had a physician's order for a TED stocking to her RLE for edema. Employee 2 confirmed that the resident was not wearing a TED stocking on her RLE at the time observed.</p> <p>During an interview on June 27, 2024, at approximately 2:00 PM, the Nursing Home Administrator confirmed that the staff had not followed the physician order for the application and removal of the physician prescribed TED compression stocking for management of edema.</p> <p>28 Pa. Code 211.12 (d)(3)(5) Nursing services</p> <p>28 Pa. Code 211.5(f) Medical records</p> | | |

| | | | |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395542 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 06/28/2024 |
| NAME OF PROVIDER OR SUPPLIER Mountain Top Rehabilitation & Healthcare Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 185 South Mountain Boulevard Mountain Top, PA 18707 | |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) | | |
| F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some | <p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39929</p> <p>Based on a review of clinical records and select facility policy and staff interview, it was determined that the facility failed to accurately and consistently assess residents' nutritional status and parameters and timely implement measures to prevent continued weight loss for two of three residents sampled (Resident 75, and 51)</p> <p>Findings include:</p> <p>Review of the facility policy entitled Weight Assessment and Intervention, and Nutrition (impaired)/Unplanned Weight Loss - Clinical Protocol last reviewed by the facility on June 12, 2024, states staff will report to the physician significant weight gains or losses or any abrupt or persistent change from baseline appetite or food intake. Any weight change of 5 % or more since the last weight assessment is retaken the next day for confirmation. If the weight is verified, nursing will immediately notify the dietician in writing. The threshold for significant unplanned and undesired weight loss will be based on the following criteria; 1 month - 5 % weight loss is significant, greater than 5 % is severe, 3 months - 7.5 % weight loss is significant, greater than 7.5 % is severe, 6 months - 10 % weight loss is significant, greater than 10 % is severe.</p> <p>Review of Resident 75's clinical record revealed that the resident was admitted to the facility on [DATE], with diagnoses that included hypertension, atherosclerotic heart disease, cognitive communication deficit, and vascular dementia.</p> <p>The resident's quarterly Minimum Data Set Assessment (MDS - a federally mandated standardized assessment completed at specific times to identify resident care needs) dated April 19, 2024, revealed that Section K - Swallowing/Nutritional Status, question K0300 weight loss, loss of 5 % or more in the last month or loss of 10 % or more in last 6 months, was answered with 0 - no or unknown.</p> <p>The resident's weight record revealed the following recorded weights:</p> <p>December 3, 2023 (12:14 PM) - 185.6 lbs</p> <p>January 3, 2024 (2:36 PM) - 185.8 lbs</p> <p>February 3, 2024 (1:58 PM) - 184.2 lbs</p> <p>March 3, 2024 (1:48 PM) - 169.6 lbs weight loss (7.93 %) in 29 days.</p> <p>March 3, 2024 (2:27 PM) - 169.6 lbs</p> <p>March 17, 2024 (1:23 PM) - 172.8 lbs weight loss (6.19 %) in 43 days.</p> <p>April 3, 2024 (2:33 PM) - 175.0 lbs</p> <p>May 3, 2024 (1:33 PM) - 174.2 lbs</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395542 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 06/28/2024 |
| NAME OF PROVIDER OR SUPPLIER Mountain Top Rehabilitation & Healthcare Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 185 South Mountain Boulevard Mountain Top, PA 18707 | |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) | | |
| F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some | <p>June 12, 2024 (12:10 PM) - 183.6 lbs</p> <p>June 20, 2024 (2:04 PM) - 180.6 lbs</p> <p>The above weight record noted on March 3, 2024, both weights had a single line drawn through them on March 19, 2024, with a notation of re-weighed made by the facility's dietitian</p> <p>Interview with the facility dietitian on June 26, 2024, at approximately 1:50 PM, revealed that the dietitian stated the reason for the lines drawn through the documented weights was that a re-weight was obtained and that she had stricken the previous weights. However, she confirmed that the weights obtained on March 3, 2024, were obtained twice, at different times, by two different staff members confirming the weight obtained was 169.6 lbs.</p> <p>Resident 75 lost a total of 14.6 lbs. or 7.93 % of body weight in 29 days (February 3, to March 3, 2024), and lost 11.4 lbs. or 6.19 % of body weight in 43 days (February 3, to March 17, 2024).</p> <p>A review of a nutrition note (Nutrition Quarterly assessment) dated April 19, 2024, at 7:29 AM, indicated that the resident continued with 51-100% meal intake with some variability and typically accepts snacks. Most recent weight (April 3 - 175.0 lbs) reflects stability for 30, 90, 180 days with slight decline in weight noted - PO (by mouth) intake remains good. No edema noted. Continue diet as ordered, honor food preferences. Will continue to monitor for changes in nutrition status and need for interventions. The entry failed to reflect the resident's significant weight loss in March 2024.</p> <p>Although there was a nutrition note (Nutrition Quarterly assessment) dated April 19, 2024, at 7:29 AM, it failed to identify the residents significant weight loss in March 2024.</p> <p>A review of a nutrition note dated June 19, 2024, at 10:38 AM, noted that the resident's had a weight warning, on June 12, 2024, with a weight change over 30 days. Significant weight gain of 10 lbs/5.7% in 30 days. Physician and responsible party (RP) aware of weight change.</p> <p>Current physician orders dated June 19, 2024, were noted for weekly weights x 4 (weeks) to be completed on the day shift, every Thursday.</p> <p>Interview with the facility dietitian on June 26, 2024, at approximately 1:50 PM, confirmed she did not identify resident's significant weight loss in March 2024, nor develop and implement any nutritional support measures, or notify the physician and resident representative at that time.</p> <p>Review of Resident 51's clinical record revealed admission to the facility on [DATE], with diagnoses that included diabetes.</p> <p>The resident's weight record revealed the following recorded weights:</p> <p>12/27/2023 142.4 lbs</p> <p>1/9/2024 137.2 lbs 7.4% 30 days</p> <p>1/23/2024 137.8 lbs</p> <p>(continued on next page)</p> | | |

| | | | |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395542 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 06/28/2024 |
| NAME OF PROVIDER OR SUPPLIER Mountain Top Rehabilitation & Healthcare Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 185 South Mountain Boulevard Mountain Top, PA 18707 | |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) | | |
| <p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>1/30/2024 136.0 lbs</p> <p>2/6/2024 131.0 lbs</p> <p>2/20/2024 129.6 lbs 5.8% 30 days</p> <p>2/27/2024 128.8 lbs</p> <p>3/5/2024 127.0 lbs</p> <p>3/12/2024 128.0 lbs</p> <p>4/5/2024 134.0 lbs</p> <p>4/8/2024 135.0 lbs</p> <p>4/22/2024 136.6 lbs</p> <p>4/29/2024 136.0 Lbs</p> <p>5/6/2024 133.0 lbs 10.7% 180 days</p> <p>The resident's plan of care for nutrition initiated November 1, 2023, revealed the resident had a history of weight loss, had increased nutrient needs and varied intakes, with the goal that Resident will not have a significant weight change (gain or loss) through the next review. Interventions planned dated September 18, 2023, were to assist with meals as needed, monitor intake as needed, monitor weights and labs as available, notify MD of any significant weight changes as needed. No new interventions were noted on Resident 51's care plan since initiation of care plan on November 1, 2023, despite the resident's weight loss.</p> <p>Clinical record review revealed that the resident was receiving sugar free Healthshakes three times a day with meals, but this intervention was not included on the resident's care plan.</p> <p>Resident 51 had continued weight loss continuing through time of survey ending June 28, 2024.</p> <p>Resident 51's weight on May 6, 2024, showed a continued weight loss in 180 days of 10.7%. Review of dietary progress notes and nutritional assessments revealed the dietitian did not address the resident's weight loss noted until May 14, 2024.</p> <p>There was no evidence at the time of the survey ending June 28, 2024, that the facility had timely identified and acted upon the resident's significant weight loss and developed and implemented nutritional support measures to maintain acceptable nutritional parameters. There was no documented evidence that the resident's physician or representative were notified of the weight loss.</p> <p>Interview with the Nursing Home Administrator (NHA), on June 26, 2024, at approximately 2:15 PM, confirmed that the facility was unable to demonstrate the dietitian had identified the above residents' weight loss and timely implemented measures to maintain acceptable nutritional parameters.</p> <p>(continued on next page)</p> | | |

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 05/15/2025
Form Approved OMB
No. 0938-0391

| | | | |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395542 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 06/28/2024 |
| NAME OF PROVIDER OR SUPPLIER Mountain Top Rehabilitation & Healthcare Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 185 South Mountain Boulevard Mountain Top, PA 18707 | |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) | | |
| F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some | 28 Pa. Code 211.5 (f) Medical records | | |

| | | | |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395542 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 06/28/2024 |
| NAME OF PROVIDER OR SUPPLIER Mountain Top Rehabilitation & Healthcare Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 185 South Mountain Boulevard Mountain Top, PA 18707 | |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) | | |
| F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some | <p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48277</p> <p>Based on a review of select facility policy and clinical records and resident and staff interviews it was determined that the facility repeatedly failed to provide person centered pain management consistent with professional standards of quality by failing to ensure that licensed nurses timely administered a resident's pain medication as scheduled for one of 20 residents reviewed (Resident 64).</p> <p>Findings included:</p> <p>According to the Pennsylvania Code, Title 49, Professional and Vocational Standards, State Board of Nursing, 21.11 (a)(1)(2)(4) indicates that the registered nurse was to carry out nursing care actions that promote, maintain, and restore the well-being of individuals.</p> <p>A review of facility policy titled: Medication Administration last reviewed by the facility on June 12, 2024, indicated that medications are administered within one hour of their prescribed time.</p> <p>Clinical record review revealed Resident 64 was admitted to the facility on [DATE], with diagnosis to include rhabdomyolysis (the breakdown of muscle tissue that leads to the release of muscle fiber contents into the blood), unsteadiness on feet, falls, and history of venous thrombosis and embolism (blood clots in the deep veins).</p> <p>A physician's order dated May 14, 2024, was noted for the application of Lidocaine External Patch 4% (Lidocaine). Apply to lower back topically one time a day for pain management and remove per schedule.</p> <p>A review of Resident 64's Medication Administration Record (MAR) for June 2024, revealed that the resident was prescribed the Lidocaine External Patch and scheduled to receive the pain patch at 9:00 AM and for the pain patch to be removed at 9:00 PM daily.</p> <p>During an interview with Resident 64 on June 25, 2024, at 11:30 PM, she reported that nursing staff are frequently late in administering the pain patch to her lower back. She stated that she is scheduled to receive the pain patch at 9:00 AM but staff sometimes don't put it on until noon. I can't wait that long, I'm in so much pain. She further reported that she currently does not have the pain patch on because the nurse told her this morning that she would come back later to apply it but had yet to return.</p> <p>Interview with the Assistant Director of Nursing (ADON) on June 25, 2024, at 11:50 AM confirmed that Resident 64 is scheduled to receive the Lidocaine pain patch to her lower back at 9:00 AM. The ADON confirmed, through observation in the presence of the surveyor, that the resident did not have the Lidocaine pain patch on her lower back as ordered.</p> <p>Further review of the resident's MAR for June 2024, indicated that on the following dates the Lidocaine External Patch for pain was administered one hour or more beyond the physician prescribed 9:00 AM administration time:</p> <p>June 4, 2024 10:11 AM</p> <p>(continued on next page)</p> | | |

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 05/15/2025
Form Approved OMB
No. 0938-0391

| | | | |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395542 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 06/28/2024 |
| NAME OF PROVIDER OR SUPPLIER Mountain Top Rehabilitation & Healthcare Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 185 South Mountain Boulevard Mountain Top, PA 18707 | |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) | | |
| F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some | <p>June 5, 2024 10:16 AM</p> <p>June 6, 2024 12:05 PM</p> <p>June 7, 2024 10:43 AM</p> <p>June 8, 2024 10:11 AM</p> <p>June 10, 2024 10:30 AM</p> <p>June 11, 2024 10:15 AM</p> <p>June 13, 2024 11:58 AM</p> <p>June 17, 2024 10:59 AM</p> <p>June 25, 2024 12:01 PM</p> <p>Interview with the Nursing Home Administrator on June 26, 2024, at approximately 2:10 PM confirmed that the late medication pain administration is not consistent with the professional standards for pain management.</p> <p>28 Pa. Code 211.10 (a)(c)(d) Resident care policies</p> <p>28 Pa. Code 211.12 (c)(d)(1)(3)(5) Nursing Services</p> | | |

| | | | |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395542 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 06/28/2024 |
| NAME OF PROVIDER OR SUPPLIER Mountain Top Rehabilitation & Healthcare Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 185 South Mountain Boulevard Mountain Top, PA 18707 | |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) | | |
| <p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>39235</p> <p>Based on review of select facility policy and controlled drug records, observation, and staff interview, it was determined that the facility failed to implement pharmacy procedures for the reconciliation of controlled drugs on two of two medication carts reviewed (Med cart A, and D).</p> <p>Finding include:</p> <p>A review of facility policy entitled Controlled Substances last reviewed by the facility on June 12, 2024, states that at the end of each shift: controlled medications are counted at the end of each shift. The nurse coming on duty and the nurse going off duty determine the count together. Any discrepancies in the controlled substance count are documented and reported to the director of nursing (DON) services immediately.</p> <p>An observation of the medication pass on June 26, 2024, at approximately 8:50 AM, revealed Employee 1 Licensed Practical Nurse (LPN), working the Medication Cart A. A review of a document entitled Narcotic Sheet/Card Count, identified by Employee 1 (LPN), as the change of shift controlled count sheet for June 2024, for the A medication cart revealed that the on-coming nurse and/or off-going nurse failed to sign the sheets during shift change on the following dates to verify completion of the task to count the controlled drugs in the respective medication cart on June 18, 23, and 24, 2024.</p> <p>Interview with Employee 1 (LPN), on June 26, 2024, at approximately 8:53 AM, confirmed the observation and acknowledged the licensed nurses are expected sign the count verification at change of shift.</p> <p>An observation of the medication pass on June 26, 2024, at approximately 9:15 AM, revealed Employee 2 Registered Nurse (RN), working the Medication Cart D. A review of a document entitled Narcotic Sheet/Card Count, identified by Employee 2 (RN), as the change of shift controlled count sheet for June 2024, for the D medication cart, revealed that the on-coming nurse and/or off-going nurse failed to sign the sheets during shift change on the following dates to verify completion of the task to count the controlled drugs in the respective medication cart on June 21, and 24, 2024.</p> <p>Interview with Employee 2 (RN), on June 26, 2024, at approximately 9:17 AM, confirmed the observation and acknowledged the licensed nurses are expected sign the count verification at change of shift to account for the controlled drugs.</p> <p>Interview with the Director of Nursing (DON) on June 26, 2024, at approximately 12:00 PM, confirmed that it is his expectation that nursing staff signs the Control Substance logs, at change of shift to demonstrate that they completed the counts of the controlled drugs to timely identify any discrepancies.</p> <p>28 Pa. Code 211.19(a)(1)(k) Pharmacy services</p> <p>28 Pa. Code 211.12 (d)(3)(5) Nursing services</p> | | |